

IPPS

Inspection Report

Centre:	Clonakilty Lodge Accommodation Centre
RIA Inspector:	Teresa Curley
Date of Inspection:	01 September 2021
Time of Arrival & Departure:	13:15 – 16:45

Part 1
General Information on Services

Centre: **Clonakilty Lodge Accommodation Centre**

Date of Inspection: *01 September, 2021*

1. CENTRE DETAILS

Name and address of Centre	Clonakilty Lodge, Dunmore Road, Clonakilty, Co Cork.
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Contractor	D and A Ltd.
Manager	Michael Plichta/ Marian O'Regan
Who deputises for manager in his/her absence?	Give Job Title only Assistant Manager

Telephone Number	023-8834466
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Current Contracted Capacity	113
Current Occupancy (today)	85
Current Centre Profile (e.g., singles, families etc.)	Families

HSE Area	West Cork
Public Health Nurse	Anne Marie Hegarty
DSP / CWO name	Celia Deasy
Environmental Health Officer name	Marcella Quilter
Local Fire Officer Name	C O'Leary
Local Fire Station	Clonakilty Fire Station

Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, please give details:	Q Mark, Quality Management System Level 1
What was the date of the last certification?	23 March, 2012
Have you a copy of the Certification	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

2. Please provide a copy of the following

	Check List
Official Register	<input checked="" type="checkbox"/>
Menu Cycle	<input type="checkbox"/> N/A
Staffing Lists as follows:	
1. Full list of staff employed at the centre (indicating Names, Titles, Roles, etc.,)	<input checked="" type="checkbox"/>
2. Indicate who is on duty at time of inspection (today)	<input checked="" type="checkbox"/>
3. a separate list of Designated Liaison Persons (child protection)	<input checked="" type="checkbox"/>

3 GENERAL SECURITY & EMERGENCY DETAILS

Is 24 hour supervision provided? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Give details of roster hours	09:00 - 17:00 , 17:00 - 09:00
Is security provided by external company? (Y/N)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, give name of company:	
Does the centre have CCTV? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is a list of emergency numbers available in the Manager's office?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the list include the following numbers? (Y/N) Local Garda station 24 hr number Local hospital Local fire station Duty Social Work Team Out of hours GP Service RIA out of hours number	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, give details:
Are first aid kits available? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Where and how many?	3 - 1 x kitchen, 1 x manager's office and 1 x pre-school
Who is responsible for first aid restocking?	<i>Job title <u>only</u> (not name) of person responsible:</i> Manager
Is there a defibrillator in the centre? How many staff been trained to use it?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	Electric
Do residents have control of the heating in their own bedroom?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no, what arrangements are in place?	
What are the heating 'ON' times?	On request

5 HOUSE RULES

Are residents provided with a copy of the House Rules on arrival?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
How does centre management explain house rules to residents on arrival?	The manager provides an induction to each new arrival and explains the house rules.

6 ARRANGEMENTS FOR RESIDENTS & VISITORS (keys / storage / toiletries)

Are residents issued with key for their bedroom?(Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are residents issued with key for main door? (Yes/No)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If no, give details	The main door is unlocked during the day. Night Porter on duty at night.
Are there procedures to allow residents to receive visitors? (Give details)	Due to Covid restrictions Visitors are currently not allowed on the premises. Any other by appointment only.
Outline visiting times :	N/A
In what areas are visitors allowed in the centre?	N/A
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	3 small store rooms for residents bags, keys for the store rooms are in the managers office.
What toiletries are provided to residents on arrival?	Residents get toiletries from the shop on site.
What arrangements are in place to replenish these items?	Residents can replenish items from the on-site shop. (Can request it for the shop – manager will source from local shops)

7 ARRANGEMENTS FOR MAINTENANCE

Does the centre have a written procedure in place for residents to report maintenance issues? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is there a maintenance day book? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Describe the maintenance procedure at the centre:	Residents report maintenance issues to manager and he/she records them. The issues are then dealt with as soon as practicable.

8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	The Child Protection Policy is posted on the main door and all staff are required to sign up to the policy.
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	Yes
Where is declaration held?	On main door
Is there a sign in book for visitors? Where?	Yes, at the main entrance to the building
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	Yes, this information is posted at the main door
Have Designated Liaison Persons received HSE training?	Yes
Are notices prominently displayed regarding parental supervision of children? Where?	Yes, there is a note on the notice board in the main lobby

9 FOOD SAFETY

Has a HACCP system been implemented? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Have the premises been inspected by an Environmental Health Officer? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Date of last visit of EHO:	N/A - Centre is Independent Living.

10 NUTRITION / SCHOOL LUNCHES / BABY FORMULA (general arrangements)

Are residents consulted regarding menu / dietary requests? (Give details.)	Residents cook their own meals with ingredients available from the on-site shop and Independent Living Kitchens
Provide details opposite: Which of the following are provided for school children's packed lunches: <ul style="list-style-type: none"> • Sandwich? What sandwich fillings are available: Cheese? Ham? Chicken? Tuna? Jam? Other? • Drinks? Juice? Water? • Yogurt? • Fruit? • Other 	N/A
Is infant formula kept out of public view?	No – it is available in shop to purchase
What arrangements are in place for distribution of infant formula?	Buy in shop.

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

This section no longer applies as residents can cook their own meals – Independent Living

Are tea / coffee / drinking water / Snacks etc. available outside mealtimes?	N/A
What food/snacks are available after hours or when kitchen is closed?	N/A
Where are the snacks located and how are they accessed?	N/A
Are meals available for residents who arrive late? (Give details.)	N/A
Are meals available for new arrivals? (Give details)	Ready meals available in shop.
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	N/A
If the inspection takes place during Ramadan this section must be completed.	N/A

What arrangements are in place to facilitate residents observing a fast during Ramadan?	
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12 FACILITIES FOR FEEDING BABIES

<i>Are the following available?</i>	Yes/No	
Access to drinking water (for breastfeeding mothers / for preparation of infant formula)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Sterilisers	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Kettles	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Fridge (for bottles of EBM* / formula) *Expressed Breast Milk	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Bottle Warmer	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Microwave	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are these facilities available 24 hours a day	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there a dedicated room provided? Where?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	There is no room specifically set aside, babies can be fed in the residents' rooms, the family rooms, the doctor's room or the common rooms.	

13 INDOOR FACILITIES

<i>Are the following available to residents?</i>	Yes/No	
Computers with Internet access	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
WIFI	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
DVD player	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Computer Games	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Snooker Table	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Pool Table	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Table Tennis Table	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Board Games	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Newspapers	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Books	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Toys / games for children	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other	Swings, slides, basketball court on the grounds	
Give details of any other arrangement or other comments:	Children participate in the local soccer and GAA clubs. There are a number of classes available including art, swimming and zumba dance. Several children have joined the town's youth orchestra. There is a new gym on site. There is a preschool on site. The open back yard is used to play football and play.	

14 TRANSPORT ARRANGEMENTS

Is there a bus service provided? (Yes/No):	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Where does the service go to?	Clonakilty to Cork City
What is the frequency of the service? (List time table opposite)	Friday/Saturday

15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
An average, how many TV channels are provided to residents?	There are 7 free channels available to residents. Every room is cabled for Sky and it is open to the residents to purchase a Sky box which provides 80-90 channels.
Are residents allowed to erect satellite dishes?	No

16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If No, what service is provided?	
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	The residents
What procedures are in place for the exchange of towels and bed linen at the centre?	Bed linen changed every six months Pillows/Duvets changed every 12 months Towels changed every 12 months Cots and baby bed clothes provided when required.
What procedures are in place for ironing boards and irons?	Residents can collect ironing boards from the manager's office.
How is washing powder / tablets supplied?	Residents buy items in the shop as required.
Are there specific arrangements for access to the laundry (give details):	The laundry room is open between 7.00 and 23.00. There are 7 washing machines and 6 dryers. Serviced 31/08/2021.

17 CLEANING (General Arrangements)

Are there cleaning materials and equipment provided by management for residents?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What cleaning equipment is available to residents?	On arrival residents provided with dust pan and brush, bucket and mop and toilet brush.
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	On request from the manager's office
What arrangements are in place if rooms are not cleaned sufficiently by residents?	The manager will encourage the resident to clean the room. Cleaning staff will assist the resident, if necessary.

PART 2

Room by Room Inspection

*Centre: Clonakilty Lodge
Accommodation Centre*

Date of Inspection: 1st September 2021

Section A- Administration / Communal areas

17 Have you seen the following?

		Location of display
Up to date House Rules	<input checked="" type="checkbox"/>	Office/Reception
Complaint Forms	<input checked="" type="checkbox"/>	Office
Accident/ Incident procedure	<input checked="" type="checkbox"/>	Office

HSE Breastfeeding Posters (if applicable)	<input checked="" type="checkbox"/>	Notice board in reception area
Designated Liaison Person details (Child Protection)	<input checked="" type="checkbox"/>	Main door and notice board
Supervision of children notice	<input checked="" type="checkbox"/>	Notice boards in centre
Gym Notices (Child Safety – if applicable)	<input type="checkbox"/>	Residents advised verbally by manager that children are not allowed in the gym. Residents sign in for key from the office. Access limited due to Covid
IOM Voluntary Return Posters	<input checked="" type="checkbox"/>	In reception area and manager's office

18 Staff Awareness

Did you see the RIA Code of Practice*?	<input checked="" type="checkbox"/>
Are all staff aware of RIA Code & House Rules?	<input checked="" type="checkbox"/>
How are staff made aware of RIA Code & House Rules? The manager brings these documents to the attention of new staff on their arrival and they are required to sign off on them.	

**A Code of Practice for persons working in accommodation centres*

19 FIRE SAFETY

You should record the last 2 entries on the fire register for each of the following sections:

19a EMERGENCY LIGHTING INSPECTION SCHEDULE inspected monthly

<u>Date</u>	<u>Inspected By</u> (Company Name / Position)	<u>Comments</u>
27/08/2021	Manager	None – another due Friday 3 rd September 21
16/08/2021	O'Mahony Security and Fire Alarm Ltd.	None

19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
30/08/2021	Manager	<input checked="" type="checkbox"/>	None	n/a	Yes
02/04/2021	O'Mahony Security and Fire Alarms Ltd.	<input checked="" type="checkbox"/>	Service	Yes	Yes
16/08/2021	O'Mahony Security and Fire Alarms Ltd.	<input checked="" type="checkbox"/>	Annual Service		

19c FIRE FIGHTING EQUIPMENT INSPECTION SCHEDULE

(Include all fire extinguishers, hose reels and fire blankets.)

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
27/07/2021	MFS Munster Fire & Safety	<input checked="" type="checkbox"/>	Replaced 2 extinguishers - New	Yes	Yes
27/08/2021	Manager	<input checked="" type="checkbox"/>	No	No	Yes

19d FIRE EXIT DOORS / MEANS OF ESCAPE INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
27/08/2021	Manager	<input checked="" type="checkbox"/>	none	No	Yes
30/08/2021	Manager	<input checked="" type="checkbox"/>	none	No	Yes

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
17/10/19 15:30	4 staff	18 adults 9 children	7 mins	Ok – covid reason for no drills. Centre mge.

				Aware. Will do one asap.
03/12/2020 15:50	3 staff	35 adults 22 children	9 mins	Ok – covid restricting drills

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
All staff and a number of residents.	Fire Safety training. Fire Extinguisher and Evacuation Procedures.	MFS Munster Fire Safety	1 day	14/06/2019 New Training Due – 10/09/2021

19g FIRE EXITS, EMERGENCY LIGHTING, SMOKE ALARMS, FIRE NOTICES

(in corridors & common areas)

Are fire exits clear from obstruction?	Yes
Are they unlocked?	Yes
Are fire exits clearly posted throughout the building?	Yes
Are all fire doors kept closed?	Yes
Comments:	

20 COVID INFORMATION

Is there posters on display?	Yes
Is there a sanitiser dispenser?	Yes
Is there information available?	Yes – in office, in reception
Comments: Social distancing practised in Food Hall and no entry unless wearing mask. Only staff allowed to pack goods.	

Administration Area:

Reception:

Is the area generally clean?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no please give details:		
<i>Visual Check:</i> Have you noticed any issues requiring attention? (e.g., fire exit signs, hazards, lighting, notices, décor, etc.)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes please detail:		

Education Room:

Is the area generally clean?	Yes / No	Yes
If no please give details:		
<i>Visual Check:</i> Have you noticed any issues requiring attention? (observe whether the area is colourful, has sufficient toys, changing areas, toilets in working order, etc)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other comments : This room is used for the homework club.		

PUBLIC TOILETS : Gents Only: Ground Floor Ladies not in use

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Ladies:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gents:	2 cubicles 3 urinals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there a cleaning schedule displayed? Record the last time entry.						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is the area clean? (provide comment) There was no toilet paper available.						
Are all facilities working?						Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>
<i>Visual Check:</i> Have you noticed any issues requiring attention?						Yes* <input type="checkbox"/> No <input checked="" type="checkbox"/>
If No, give details: I did not check the Gents toilet.						

COMMUNAL ROOM : Ground Floor

General Seating Area	
Is the seating in good condition?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What is the area generally used for?	
Meetings, watching TV, classes etc.	

Any other comments? If yes please detail:

FAMILY/LIVING ROOMS: Ground Floor

<p>General Seating Area</p> <p>Is the seating in good condition? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>What is the area generally used for?</p> <p>Meetings, watching TV, classes etc.</p>
<p>Any other comments? If yes please detail: Bathroom available beside it was a little unclean and no soap or toilet paper or means of drying hands available.</p>

Bedrooms:

CLEANING (General Arrangements)

How often are bedrooms inspected?	twice weekly <input type="checkbox"/> Weekly <input checked="" type="checkbox"/>
Who cleans the bedrooms?	Staff <input type="checkbox"/> Residents <input checked="" type="checkbox"/>
How often do staff clean the bedrooms?	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input checked="" type="checkbox"/>
Are there cleaning materials and equipment provided by management for residents?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What cleaning equipment is available to residents?	Dust pan and brush; mops and bucket, brushes.
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Manager will encourage resident to clean room. Staff will provide assistance, if necessary. Difficulties with some residents – denying access to rooms and not keeping clean.

Ground Floor

ROOM NUMBER 102		
Room Profile:	Room Capacity:	Room Occupancy:
Family	2	2

TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If *, please give details:.				

ROOM NUMBER 103 ROOM VACANT				
Room Profile:		Room Capacity:	Room Occupancy:	
Family		4	0	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 104 Staff Room				
Room Profile:		Room Capacity:	Room Occupancy:	
Unoccupied				
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If *, please give details: This room is used as a staff room. Lockers, washing machine and dryer available.				

ROOM NUMBER 106				
Room Profile:		Room Capacity:	Room Occupancy:	
Family		4	3	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If *, please give details:				

COMMUNAL KITCHENS

There are two kitchens one in the main building and one in courtyard.

Is the area generally clean?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no please give details:		
<i>Visual Check:</i> Have you noticed any issues requiring attention? <i>(e.g., fire exit signs, hazards, lighting, notices, décor, etc.)</i>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes please detail: 2 fridges, 1 fridge freezer and 2 hobs available to residents in main building this is a halal kitchen.		
4 Workstations, fridges and freezers and eating area in outside kitchen and inside.		

ROOM NUMBER 108				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 109 ROOM VACANT				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If *, please give details : Room currently being renovated				

ROOM NUMBER 110				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If *, please give details: No light in bathroom				

CORRIDOR

Is the area generally clean?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no please give details:		
<i>Visual Check:</i> Have you noticed any issues requiring attention?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes please detail:		

ROOM NUMBER 111				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No* <input checked="" type="checkbox"/>				
If *, please give details: Shower tray dirty, evidence of smoking in the room. Untidy/unclean bedroom.				

ROOM NUMBER 112				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
If *, please give details: Cardboard covering the main light in bedroom – fire hazard. Staff have instructed it be removed on several occasions.				

ROOM NUMBER 114				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No* <input checked="" type="checkbox"/>				
If *, please give details: Very cluttered and untidy room. . Fire Notice missing – mirror hanging in place. Shower mat filthy. Damp in bathroom ceiling.				

ROOM NUMBER 115				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If *, please give details: Very cluttered room				

ROOM NUMBER 116 ROOM VACANT				
Room Profile:		Room Capacity:		Room Occupancy:
Family		5		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 117 STORE ROOM				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If *, please give details: Room Empty, Currently used for storing stuff.				

STAIRWAY From ground to first floor

Is the area generally clean?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no please give details:		
<i>Visual Check: Have you noticed any issues requiring attention? (e.g., fire exit signs, hazards, lighting, notices, décor, etc.)</i>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes please give details :		

CORRIDOR

Is the area generally clean?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no please give details:		

Visual Check: Have you noticed any issues requiring attention? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes please detail:

ROOM NUMBER 229 ROOM USED FOR CHILD & FAMILY				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If *, please give details: Room being used as Sensory room for child with autism				

ROOM NUMBER 228				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If *, please give details: Room messy/untidy				

ROOM NUMBER 227				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If *, please give details: Large fridge/freezer in room – taking up space. Very cluttered room.				

ROOM NUMBER 226				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

If *, please give details: Fridge blocking door - Cluttered room

ROOM NUMBER 225				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If *, please give details: Hotplate, toaster, kettle, pots & pans. Room very cluttered, untidy, dirty and cooked food lying about. Bathroom unclean. Large Fridge/freezer in room. Makeshift counter shelving electrical appliance with curtain hanging in front – fire hazard & risk & danger to children in room.				

ROOM NUMBER 224				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

ROOM NUMBER 223				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If *, please give details: Mirror hanging in front of fire notice				

ROOM NUMBER 222				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

If *, please give details: Rice cooker, kettle and fridge in room. Room Very Cluttered

ROOM NUMBER 221				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: Hotplate in room.				

ROOM NUMBER 220				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: Some Damp in Bathroom.				

ROOM NUMBER 219				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If *, please give details: Mini Kitchen set up in room. No fire notice on back of door.				

ROOM NUMBER 218				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If *, please give details: Lots of food in the room – very unclean & messy.				

ROOM NUMBER 217

Room Profile:		Room Capacity:		Room Occupancy:	
Family		4		3	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes	No	
			<input type="checkbox"/>	<input type="checkbox"/>	
If *, please give details: Hotplate & pots in room. No Fire Notice on back of door.					

ROOM NUMBER 216					
Room Profile:		Room Capacity:		Room Occupancy:	
Family		2		2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes	No	
			<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If *, please give details: Hot plate in Bathroom.					

ROOM NUMBER 215					
Room Profile:		Room Capacity:		Room Occupancy:	
Family		2		2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes	No	
			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If *, please give details: Fire Hazard - Door blocked by box					

ROOM NUMBER 214 ROOM VACANT					
Room Profile:		Room Capacity:		Room Occupancy:	
Family		4		0	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes	No	
			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If *, please give details: ROOM VACANT. No Fire Notice on door.					

ROOM NUMBER 212					
Room Profile:		Room Capacity:		Room Occupancy:	
Family		2		2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
If *, please give details: Room very cluttered. Fridge inside door in way of entry/exit.				

ROOM NUMBER 211				
Room Profile:		Room Capacity:		Room Occupancy:
Family		5		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input type="checkbox"/> No* <input checked="" type="checkbox"/>				
If *, please give details: Family with Autistic child – did not want to intrude, so only very briefly visit to room.				

ROOM NUMBER 210				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
If *, please give details: Hotplate in room				

ROOM NUMBER 208				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
If *, please give details: Mould on shower ceiling, Shower leaking. Room very messy.				

ROOM NUMBER 209				
Room Profile:		Room Capacity:		Room Occupancy:

			2	2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 207				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If *, please give details: Electrical sandwich maker/toastie maker in room, covered in dirty/old fat & grease – fire hazard. Room unclean.				

ROOM NUMBER 206 ROOM VACANT				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If *, please give details: ROOM VACANT				

ROOM NUMBER 205				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If *, please give details: Room dirty. Cooked food on floor. Hotplate and mini kitchen set up in room.				

ROOM NUMBER 204				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 203				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If *, please give details: Rice cooker in room – resident said they only store it.				

ROOM NUMBER 202				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If *, please give details: evidence of cooking food in the room and a bad odour throughout.				

ROOM NUMBER 201				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If *, please give details: Damp on ceiling in Bathroom.				

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Food Hall - Shop

Is the till system in place Electronic POS:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Relevant Certification (halal meats) in place/on display:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Is there appropriate storage; shelving, cold storage, dry storage:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Were the points value of the items clearly displayed:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Is the area generally clean:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If no for any of the above, please give details:				
Visual Check: Have you noticed any issues requiring attention?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
(Products in date, fresh food, ethnic food, Halal food, variety available, suitable range of food products, toiletries and cleaning materials.)				
If yes to any issues please give detail:				

<p>Do food products available in the food hall reflect the reasonable needs of the different ethnic groups; e.g. the provision of halal food for Muslim residents, the provision of food for gluten free, vegetarian, vegan residents, etc. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		
<p>If no please give details:</p>		
<p>Products (Available) Check: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Adequately stocked in order to provide a choice for residents. Meat, fish (including oily fish); Eggs; Non-meat proteins such as pulses, beans and tofu; Dairy products including fortified milk; Variety of breakfast cereals, including porridge; Potatoes, wholegrains, rice and pasta; Fresh fruit and vegetables; Olive, rape and other cooking oils; Spices and sauces; Ethnic goods; Tea, coffee and other hot drinks; Sweets, pastries and carbonated drinks.</p>		
<p>Please Insert/List Some Items/Products Below;</p>		
Item/Product:	Points Value:	Expiry Date on
Product:		
Fresh whole chicken	2:50	03/09/21
Chips	:40	April '22
Stock Fish Fillets	8:99	Dec. '23
Fresh bread		Daily
Fresh Veg /Veg		Weekly
<p>Overall Comments/Additional Comments:</p> <p>Food hall in excellent condition. With well stocked shelves and a wide variety of goods, fruit and veg available.</p> <p>Social distancing practised in the area, with only staff handling the products. The area is kept clear and very clean.</p>		

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General Representations

If you were approached by any residents regarding general issues while in the centre please outline the details below:

No.

If you were approached by any members of staff regarding general issues while in the centre please outline the details below:

Room 208 asked if daughter can have own room as she is a teenager and sharing with her family and her sister will be 13 next year.

Resident in Room 225 has had numerous reminders re the poor condition her room is in and for not cleaning it/keeping it clean. There is also a mini kitchen set up in her room with numerous electrical appliances and is cooking food. Staff have advised her that this is not permitted. Management has asked if a letter could be sent from the Department/IPAS/IPPS to the resident addressing the issues and the concerns they have.

If you were approached by any other persons regarding general issues while in the centre please outline the details below:

--

Please ensure that no personal information or information that could lead to the identification of an individual is recorded in this section.

Personal representations should be recorded in Part 3.

Manager should be asked to sign this declaration.

This inspection, by a RIA official, is primarily to examine how the terms of the Contract are being complied with in the centre.

The manager accepts that the person carrying out the inspection is not charged with certifying the centre is in compliance with all fire safety regulations. The manager agrees that the information provided above is correct.

Signed: _____

Position: _____

Date: _____

Manager should be asked to sign this declaration.

This inspection, by a RIA official, is primarily to examine how the terms of the Contract are being complied with in the centre.

The manager accepts that the person carrying out the inspection is not certifying that the centre is in compliance with all food safety regulations. The manager agrees that the information provided above is correct.

Signed: _____

Position: _____

Date: _____

Personal Representations

If you were approached by any residents regarding personal issues while in the centre please outline the details below:

--

If you were approached by any members of staff regarding personal issues while in the centre please outline the details below:

Management shared concerns about a resident who is not keeping her room clean and appears to be cooking in it. There is young children in the room. She has been approached by staff and management about the issues. Management suggested a letter from IPAS.

If you were approached by any other persons regarding personal issues while in the centre please outline the details below:

No.

Clonakilty Lodge Accommodation Centre

Dunmor Road
Clonakilty.
Co.Cork
T-023 88 34466
F-023 88 33644
Clonakiltylodge1@gmail.com

19-10-2021

Dear David,

This is a summary of what has been done since inspection on 1st September 2021.

Bedrooms:

- Room 109 - Room has been renovated
 - Room 110 – Light has been replaced
 - Room 111 – Shower tray was cleaned. The resident was informed that there is no smoking in the room
 - Room 112 - Residents were informed by the manager that they could not cover the lamps with cardboard
 - Room 114 - residents cleaned the room and the ceiling in the bathroom was repainted
 - Room 115 - Resident has been informed to unclutter the room
 - Room 228 - Resident has been informed to clean the room
 - Room 227 - Resident has been informed to unclutter the room
 - Room 226 - Resident has been informed to unclutter the room
 - Room 225 - Resident has been informed to unclutter the room, bathroom has been cleaned . Management took some electrical stuff to the store.
 - Room 223 – Mirror removed from the fire notice
 - Room 222 - Resident has been informed to unclutter the room. Couch has been removed from the room . Rice cooker moved to the store
 - Room 221 - Resident has been informed to remove hotplate from the room
 - Room 220 – Damp in the Bathroom has been removed
 - Room 219 – fire notice order to instal
 - Room 218 - Resident has been informed to unclutter and clean the room
 - Room 217 – Fire notice put back on the door . Hotplate moved to the store
 - Room 216 – Hot plate has been moved to the store
 - Room 215 – Box behind the door has been removed
 - Room 214 – Fire notice has been ordered
 - Room 212 - Resident has been informed to unclutter the room
 - Room 210 - Hot plate has been moved to the store
 - Room 208 - Resident has been informed to unclutter and clean the room. Bathroom leak fixed
 - Room 207 - Resident has been informed to unclutter the room. Sandwich maker removed to the store
-

Room 205 – Resident moved to the new room

Room 202 - Resident has been informed to unclutter and clean the room

Room 201 – Damp has been cleaned

Hope this section will be of satisfaction to you.

Your sincerely

Michael Plichta
Clonakilty Lodge Manager